U.S. Department of Justice United States Marshals Service Case 1:17-cv-02864-NLH-MJS Document 63 Filed 08/25/20 Page 1 of 13 PageID: 662 PROCESS RECEIPT AND RETURN See Instructions for "Service of Process by the U.S. Marche

See Instructions for "Service of Process by the U.S. Marshal"

DI A DITTIEL	se of this form.
ERIC HINES	COURT CASE NUMBER
DEFENDANT	17-2864 (NUH)-JS
GARY M. LANIGAN ET AL.	TYPE OF PROCESS
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE O	DR DESCRIPTION ONS + COM PLAINT
LUZ TORRES	OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 7 \ 5	COUNTY BURN
AT SOUTH WOODS STATE PRISON BPI	SOUTH BURLINGTON ROAD
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	DEETON, N.J. 08302
ERIC HINES # 663508/146993B	Number of process to be
SOUTH WOODS STATE PRISON	served with this Form - 285
215 SOUTH BURLINGTON ROAD	Number of parties to be
BRING STALL OF AGAIN	served in this case 38
BRIDGETON, N.J. 08302	Check for service
PECIAL INSTRUCTIONS OR OTHER INCOMMATION CONTROL	
PECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING S dephone Numbers, and Estimated Times Available For Service):	ERVICE (Include Business and Alternate Addresses 411
	and the second s
	S S
nature of Attorney or other Originator requesting service on behalf of:	
7. W dus PLAINTIFF	TELEPHONE NUMBER DATE
DACE DELOWERS	N/A 17/23/20
PACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO knowledge receipt for the total liber of process indicated and interpretable to the state of process in the state of	NOT WRITE PEL OWENE
1 Digitatule of Althori	ized USMS Deputy or Clerk Date
nonly first USM 205 is	Date
	1110 8/18/20
eby certify and return that I have personally served, \square have legal evidence of service, \square have exceed individual, company, corporation, etc., at the address shown above or on the individual, company, compan	ecuted as shown in "Pomorly" d
e individual, company, corporation, etc., at the address shown above or on the individual, company, co	orporation, etc., shown at the address inserted below
Total that I all that to locate the individual, company corporation at	above (See remarks holow)
e and title of individual served (if not shown above)	
Jame (A)	A person of suitable age and discretion then residing in the defendant's
ess (complete only if different than shown above)	Definition of abode.
CO CO	Date of Service Time and
and the second s	0/19/00 D (pm)
	Signature of U.S. Marshal or Deputy
rvice Fee Total Mileage Charges Forwarding Fee Total Charges Advance Denosits Applications of the Company of th	Masy JU, U.S.
(including endeavors) Advance Deposits An	nount owed to U.S. Mashal or Amount of Refund
ARKS: 3	111,74

U.S. Department of Justice United States Marshals Service Document 63 Filed 08/25/20 Page 2 of 13 PageID: 663 PROCESS RECEIPT AND RETURN See Instructions for "Service of Process by the U.S. Marshall for the reverse of this form."

PLAINTIFF			15.17			
ERIC !	HINES	· >	CAMD		COURT CASE NUMBER	
DEFENDANT GARY	- O	20	ZU JUL 29	**** * (216)	17-2864 (x TYPE OF PROCESS	1CA)-JS
	MDIVIDUAL	COMPANY C	ORPORATION	ETG TO Green		OMPIAINT
	- 1 7 8	ーソロロ	Y .	- 1 - 15 (): (/)	DESCRIPTION OF PROPERTY TO	SEIZE OR CONDEMN
ADDRESS	(Street or RFD,	Apartment No.	, City, State and	ZIP Code) 715	ING OFFICER South Burlingto	N POOD
SEND NOTICE OF SERVICE CO	WOODS	J'ATZ	PRISON	NO.	GETON, N.J. 083	02
				ESS BELUW:	Number of process to be	
ERIC L'	HNES *	663508	146993	B	served with this Form - 285	
SOUTH 215 SOU	JTH BU	STATE	PRISON	5	Number of parties to be served in this case	20
Reina	TAIL	KUNGTI	ON KOH	D	served in this case	38
Beider					Check for service on U.S.A.	/
SPECIAL INSTRUCTIONS OR O Telephone Numbers, and Estimated Fold	THER INFORN Times Available	MATION THAT For Service):	T WILL ASSIST	IN EXPEDITING SE	RVICE (Include Business and Altern	ate Addresses, All
						Fold
MORKS FIRS	T SH	IPT	1	- D. IN	ING INSIDE	
S.W.S.F	ο τ,		41 7	DOLLD	ING INSIDE	
0.00,0.						
Signature of Attorney or other Origin	anton					
Errie Heur	iator requesting	service on beha	alf of:	D PLAINTIFF	TELEPHONE NUMBER	DATE
				□ DEFENDANT	_ N/A	7/23/20
I acknowledge receipt for the total	R USE OF	U.S. MA	RSHAL	ONLY — DO	NOT WRITE BELOV	V THIS LINE
number of process indicated.	Total Process	District of Origin	District to Serve	Signature of Authorize	ed USMS Deputy or Clerk	Date
(Sign only first USM 285 if more than one USM 285 is submitted)		No	No			
hereby certify and return that I	ave personally s	served, \square have		of service D have ever	cuted as shown in "Remarks", the pro-	
	on, etc., at the a	ddress shown a	bove or on the in	ndividual commune exec	cuted as shown in "Remarks", the pro-	anne de la Maria
				, campany, cor	poration, etc., snown at the address in	serted below
I hereby certify and return that I a	m unable to loca	ate the individu		, campany, cor	poration, etc., snown at the address in	serted below.
I hereby certify and return that I a	m unable to loca	ate the individu		, campany, cor	potation, etc., snown at the address in	serted below.
Vame and title of individual served (i)	m unable to loca	ate the individu		, campany, cor	pove (See remarks below) A person of suit cretion then resid	able age and dis-
lame and title of individual served (i)	m unable to loca	ate the individu		, campany, cor	A person of suit cretion then residusual place of about	able age and dis- ing in the defendant's
I hereby certify and return that I a	m unable to loca	ate the individu		, campany, cor	ove (See remarks below) A person of suit cretion then residusual place of about	able age and dis- ing in the defendant's
Vame and title of individual served (i)	m unable to loca	ate the individu		, campany, cor	A person of suit cretion then residusual place of about Date of Service	able age and dising in the defendant's de. am
Name and title of individual served (i) Which is a little of individual served (i) Address (complete only if different that	m unable to loca f not shown abou An shown above)	ate the individu:	al, company, coi	poration, etc., named at	A person of suit cretion then residusual place of about	able age and dising in the defendant's de. am
Name and title of individual served (i) CM & L A Address (complete only if different the Service Fee Total Mileage Ch. (including endean	m unable to loca f not shown above m shown above)	ate the individu:	al, company, coi	poration, etc., named at	A person of suit cretion then residusual place of about Date of Service Tin Signature of U.S. Mars	able age and dising in the defendant's ide. am At 1 A Deputy
Name and title of individual served (i) CM L R Address (complete only if different the	m unable to loca f not shown above m shown above)	ate the individu:	al, company, coi	poration, etc., named at	A person of suit cretion then residusual place of about Date of Service Tin Signature of U.S. Mars	able age and dising in the defendant's ide. The am the defendant of the am the

U.S. Department of Justice United States Marshals Service Document 63 Fig. 25/20 Page 3 of 13 Page D: 664 See Instructions for "Service of Process by the U.S. Marshal on the reverse of this form

					<i>, j01</i>	111.	
PLAINTIFF ERIC H	NEC					COURT CASE NUMB	ER
DEFENDANT .	NES					17-2864 (
GARY	MIn		~- N			TYPE OF PROCESS	
	I'I (CHN INDIVIDUAL	COMPANY C	ET AL.)	····	SUMMONS +	COMPLAINT
LIN	D A 1	JUEN	OKTOKATION,	ETC., TO SERVE OR I	DESCRIPT	TON OF PROPERTY TO	SEIZE OR CONDEMN
ADDRESS	(Street or RFD)	Apartment No.	, City, State and	ZIP Code) 2) 5	2 ~	d Dage	TON ROAD
AT SOUTH	C0000	SCHATE	E PRISO				
SEND NOTICE OF SERVICE CO	PY TO REQUE	STER AT NAM	AE AND ADDRI	N BRID	<u>(F) (0</u>	30 . I. H , M.	302
			8/14699		Number	of process to be	,
COUTH	MANNE.	CTN-TT	De150	. N	served w	rith this Form - 285	
215 S	NUTH F	s m s	LTON	DANT)		of parties to be	
					served in	this case	38
OKIDI	ELIUN,	N.J.	08302	•	Check fo	r service	
CDECIAL INCENSION OF A					on U.S.A	L.	
SPECIAL INSTRUCTIONS OR (Telephone Numbers, and Estimated	YTHER INFOR! Times Available	MATION THAT For Service)	Γ WILL ASSIST	IN EXPEDITING SEI	RVICE (<u>In</u>	clude Business and Alter	nate Addresses, All
Fold		a di doi ricey.					Fold
							2028
Signature of Attorney or other Original Communication of Attorney or other Original Communication of the Communica	nator requesting	service on beh	alf of:	□ PLAINTIFF □ DEFENDANT	TELEPHO	ONE NUMBER	DATE
SPACE BELOW FO	R LISE O	FIIS M	ADCHAL			77	1/65/20
SPACE BELOW FO	Total Process	District		UNLY — DO	NOT	WRITE BELO	W THIS LINE
number of process indicated.	///	of Origin	District to Serve	Signature of Authoriz	ed USMS	Deputy or Clerk	Date
Sign only first USM 285 if more han one USM 285 is submitted)	10910	No. 080	No. 080	15-1			- disha
hereby certify and return that I Ison the individual, company, corpora	have personally	served D b		forms 5			- 9/1/
on the individual, company, corpora	ion, etc., at the	address shown a	bove or on the fi	idividual, company, cor	cuted as sh poration, e	own in "Remarks", the p	rocess described
I hereby certify and return that I	am unable to loc	ate the individu	ial company cor	maration ata manual l			Miscred below.
Name and title of individual served (if not shown 850	Zir)a	iai, company, co	poration, etc., named al	oove (See i	remarks below)	
Manny						A person of so	uitable age and dis- siding in the defendant's
Address (complete only if different th	an shown above	·)				usuar place of	abode.
		,				Date of Service	Time am
						[8/19/700]	pm
						Signature of U.S. M	arshal or Deputy
Service Fee Total Mileage C	naroos E	uliu B			/		Bussey 48,
(inclyding ende	nors)	rding Fee Tot	al Charges A	dvance Deposits An	ndupt owed	to U.S. Marshal or	Amount of Refund
W). Y6, 1				(911	1.74	
EMARKS:					<i>\\\\</i>		

U.S. IS Epartment of Justice Document 63prode SS RECEIP AND RETURN United States Marshals Service Document 63prode SS RECEIP AND RETURN See Instructions for "Service of Process by the U.S. Marshall from the reverse of this form."

DIADUTUE	PANDLIY	, ,	-y jorni.	
ERIC HINES	CAMPE	N. N.J	COURT CASE NUM	MBER .
DEFENDANT CONTRACTOR OF THE STATE OF THE STA	CAAA		17-2864 ((NLH)-JS
GARY M. I.A.		1:53	TYPE OF PROCESS	S
	COMPANY, CORPORATION	ETC TO SERVE OR	SUMMONS - DESCRIPTION OF PROPERTY	+ COMPLAINET
SER GEAN	IT PIPITO	JE	DESCRIPTION OF PROPERTY	TO SEIZE OR CONDEMN
	Apartment No., City, State and		South BURLIN	
· · · · · · · · · · · · · · · · · · ·	STATE PRISON			
SEND NOTICE OF SERVICE COPY TO REQUE	STER AT NAME AND ADDRI	PKID	GETON, N.J. O	8302
			Number of process to be	1
ERIC HINES &	² 663508/1469	13B	served with this Form - 285	
3001H W00D	STATE PRIS	son	Number of parties to be	2.0
212 20014 6	OURLINGTON F	CAOS	served in this case	138
L BRIDGETON,	N.J. 08367		Check for service	
			on U.S.A	
SPECIAL INSTRUCTIONS OR OTHER INFORT Telephone Numbers, and Estimated Times Available Fold	MATION THAT WILL ASSIST	IN EXPEDITING SE	RVICE (Include Business and Al	ternate Addresses All
WORKS FIRST SH	0-			<u>Fold</u>
MOKE 2 + 1521 2H	IFI IN D	-Bruthi	IC AT	
CLOSE SUPERVIS	,	DOUDI	40 HDMINIG	STRATION
SUPERVIS	IDM DAIL			
0:				
Signature of Attorney or other Originator requesting	service on behalf of:	DPLAINTIFF	TELEPHONE NUMBER	DATE
- Tru Hun		□ DEFENDANT	AL/A	11/22/20
SPACE BELOW FOR USE OF	THE MADELLAL		IV/H	1/25/20
SPACE BELOW FOR USE OI I acknowledge receipt for the total Total Process	Dist. MARSHAL	JNLY — DO	NOT WRITE BEL	OW THIS LINE
number of process indicated.	of Origin to Serve	Signature of Authoriz	ed USMS Deputy or Clerk	Date
(Sign only first USM 285 if more than one USM 285 is submitted)	No. 080 No. 080	1		8/18/2
I hereby certify and return that I V have never all		$\neq \neq $	/ -	
I hereby certify and return that I have personally on the individual, company, corporation, etc., at the a	served, \[\] have legal evidence of ddress shown above or on the in	f service, Have exec	cuted as shown in "Remarks", the	process described
		conpany, con	poration, cic., snown at the addre	ss inserted below.
I hereby certify and return that I am unable to local	ate the individual, company, corp	ooration, etc., named al	oove (See remarks below)	
Name and tipe of individual served (if not shown abo	ve		A person of	suitable age and dis-
7000	4		cretion then rusual place o	esiding in the defendant's
Address (complete only if different than shown above)			Date of Service	Time
<u>v</u>			Pla las	Ca (C) am
\$ & &			OM BOO	1941 (pm)
			101	
			Signature of U.S.	Marshal or Deputy
Service Fee Total Mileage Charges Former	dia p		Henry 1	Marshal or Deputy
Service Fee Total Mileage Charges (including endeavors)	ding Fee Total Charges Ad	vance Deposits Am	ount owed to U.S. Marshal or	Marshal or Deputy
65.00 (including endeavors)	ding Fee Total Charges Ad	vance Deposits Am	Henry 1	Marshal or Deputy DS
	ding Fee Total Charges Ad	vance Deposits Am	ount owed to U.S. Marshal or	Marshal or Deputy DS NOTE OF THE PROPERTY OF

U.S. Department of Justice United States Marshals Service Document 63 Filed 08/25/20 Page 5 of 13 PageID: 666 PROCESS RECEIPT AND RETURN See Instructions for "Service of Process by the U.S. Marsha

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	CVR-VALLET SEED OF THE	N. S.	
ERIC HINES	S CAMULAL N.	COOKI CASE NO	MBER
DEFENDANT	2020 1111 20 211	17 - 2864 TYPE OF PROCES	(NH)-JS
GARY M. LAN	IGAN ET AL.		
SERVE NAME OF INDIVIDUAL,	COMPANY, CORPORATION, ETC., TO SE	RVE OR DESCRIPTION OF PROPERTY	Y TO SEIZE OR CONDEMN
	GUANI Apartment No., City, State and ZIP Code)		
		215 SOUTH BURLI	NGTON ROAD
SEND NOTICE OF SERVICE COPY TO REQUE	STATE PRISON STER AT NAME AND ADDRESS RELOW.	BRIDGETON, N.J.	08302
FRIC HINES	ELLOSAS/WI COOR	Number of process to be served with this Form - 285	
SOUTH WOODS	+663508/146993B STATE PRISON	served with this Form - 285	
215 SOUTH BU	PLINCTON ROAD	Number of parties to be served in this case	76
L BRIDGETON, 1			38
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORM Telephone Numbers, and Estimated Times Available Fold	— — — MATION THAT WILL ASSIST IN EXPEDIT	TING SERVICE (Include Paris	
Telephone Numbers, and Estimated Times Available Fold	For Service):	THE BERTIEL (Include business and A	<u>liternate Addresses</u> , All
			Fold
WORKS FIRST SI	HIPT. N. RIVIN	AT.	
CLOSE SURTE	m-polit	ING ADMINIST	RATION
Close Supervis	SION UNIT		
Signature of Attorney or other Originator requesting	service on behalf of: PLAIN	T I	DATE
Signature of Attorney or other Originator requesting	service on behalf of: PLAIN DEFEN	DANT NA	17/22/20
Signature of Attorney or other Originator requesting SPACE BELOW FOR USE OF	service on behalf of: PLAIN DEFEN FU.S. MARSHAL ONLY	DANT NA	17/22/20
Signature of Attorney or other Originator requesting SPACE BELOW FOR USE OF I acknowledge receipt for the total number of process indicated.	service on behalf of: PLAIN DEFEN FU.S. MARSHAL ONLY District District Signature of	DANT NA	17/22/20
Signature of Attorney or other Originator requesting SPACE BELOW FOR USE OF I acknowledge receipt for the total Total Process	service on behalf of: PLAIN DEFEN FU.S. MARSHAL ONLY District of Origin District to Serve District of Origin	DO NOT WRITE BEL	7/23/20 OW THIS LINE Date
Signature of Attorney or other Originator requesting SPACE BELOW FOR USE OF I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) Thereby certify and return that I Thave present the	Service on behalf of: PLAIN DEFEN FU.S. MARSHAL ONLY District of Origin No. OSO No. OSO No. OSO	DO NOT WRITE BEL	7/23/20 OW THIS LINE Date 8/18/20
Signature of Attorney or other Originator requesting SPACE BELOW FOR USE OF I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) Thereby certify and return that I Thave present the	Service on behalf of: PLAIN DEFEN FU.S. MARSHAL ONLY District of Origin No. OSO No. OSO No. OSO	DO NOT WRITE BEL	7/23/20 OW THIS LINE Date 8/18/20
Signature of Attorney or other Originator requesting SPACE BELOW FOR USE OF I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) I hereby certify and return that I Thave personally son the individual, company, corporation, etc., at the action of the submitted of the	Service on behalf of: □ PLAIN □ DEFEN □ DEFEN □ DEFEN □ U.S. MARSHAL ONLY — District of Origin to Serve No. 050 No. 050 Served, □ have legal evidence of service, □ ddress shown above or on the individual, com	Authorized USMS Deputy or Clerk have executed as shown in "Remarks", the pany, corporation, etc., shown at the addr	7/23/20 OW THIS LINE Date 8/18/20
Signature of Attorney or other Originator requesting SPACE BELOW FOR USE OF I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally son the individual, company, corporation, etc., at the action of the individual served (if not show about the show about the individual served (if not show about the	Service on behalf of: Defen	Authorized USMS Deputy or Clerk have executed as shown in "Remarks", the pany, corporation, etc., shown at the address and above (See remarks below)	7/23/20 OW THIS LINE Date S/18/20 The process described ess inserted below.
Signature of Attorney or other Originator requesting SPACE BELOW FOR USE OF I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally son the individual, company, corporation, etc., at the action of the individual served (if not show about	Service on behalf of: Defen	Authorized USMS Deputy or Clerk have executed as shown in "Remarks", the pany, corporation, etc., shown at the address and above (See remarks below)	OW THIS LINE Date Process described ess inserted below.
Signature of Attorney or other Originator requesting SPACE BELOW FOR USE OF I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally son the individual, company, corporation, etc., at the act of the individual served (if not show about the	Service on behalf of: Defen	Authorized USMS Deputy or Clerk have executed as shown in "Remarks", the pany, corporation, etc., shown at the address person of the corporation o	Date Simples Process described less inserted below. If suitable age and disresiding in the defendant's of abode.
Signature of Attorney or other Originator requesting SPACE BELOW FOR USE OF I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally son the individual, company, corporation, etc., at the act of the individual served (if not show about the	Service on behalf of: Defen	Authorized USMS Deputy or Clerk have executed as shown in "Remarks", the pany, corporation, etc., shown at the address and above (See remarks below)	OW THIS LINE Date Process described ess inserted below.
Signature of Attorney or other Originator requesting SPACE BELOW FOR USE OF I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally son the individual, company, corporation, etc., at the act of the individual served (if not show about the	Service on behalf of: Defen	Authorized USMS Deputy or Clerk Authorized USMS Deputy or Clerk have executed as shown in "Remarks", th apany, corporation, etc., shown at the addr named above (See remarks below) Aperson o cretion then usual place Date of Service	Date Sippos This Line Date Sippos The process described ess inserted below. If suitable age and disresiding in the defendant's of abode. Time Ti
Signature of Attorney or other Originator requesting SPACE BELOW FOR USE OF I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally son the individual, company, corporation, etc., at the act of the individual served (if not show about the	Service on behalf of: Defen	Authorized USMS Deputy or Clerk Authorized USMS Deputy or Clerk have executed as shown in "Remarks", th apany, corporation, etc., shown at the addr named above (See remarks below) Aperson o cretion then usual place Date of Service	Date Simple Date Date Simple Date Date Date Date Date Date Date Dat
Signature of Attorney or other Originator requesting SPACE BELOW FOR USE OF I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) I hereby certify and return that I X have personally son the individual, company, corporation, etc., at the a I hereby certify and return that I am unable to local Name and tiple of individual served (if not shown above) Address (complete only if different than shown above) Service Fee Total Mileage Charges Forware	Service on behalf of: Defen	Authorized USMS Deputy or Clerk Authorized USMS Deputy or Clerk have executed as shown in "Remarks", th apany, corporation, etc., shown at the addr named above (See remarks below) Apperson o cretion then usual place Date of Service Signature of U.S.	OW THIS LINE Date Process described ess inserted below. If suitable age and disresiding in the defendant's of abode. Time am pm Marshal or Deputy process Marshal or Deputy proce
Signature of Attorney or other Originator requesting SPACE BELOW FOR USE OF I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) I hereby certify and return that I X have personally son the individual, company, corporation, etc., at the action of the individual served (if not shown above) Address (complete only if different than shown above)	Service on behalf of: □ PLAIN □ DEFEN F U.S. MARSHAL ONLY — District of Origin No. OSO No. OSO Served, □ have legal evidence of service, □ ddress shown above or on the individual, compate the individual, compate the individual, company, corporation, etc.,	Authorized USMS Deputy or Clerk Authorized USMS Deputy or Clerk have executed as shown in "Remarks", the apany, corporation, etc., shown at the address part of the corporation of the	Date Simple Date Date Simple Date Date Date Date Date Date Date Dat
Signature of Attorney or other Originator requesting SPACE BELOW FOR USE OF I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) I hereby certify and return that I X have personally son the individual, company, corporation, etc., at the a I hereby certify and return that I am unable to local Name and tipe of individual served (if not shown above) Address (complete only if different than shown above) Service Fee Total Mileage Charges Forware	Service on behalf of: □ PLAIN □ DEFEN F U.S. MARSHAL ONLY — District of Origin No. OSO No. OSO Served, □ have legal evidence of service, □ ddress shown above or on the individual, compate the individual, compate the individual, company, corporation, etc.,	Authorized USMS Deputy or Clerk Authorized USMS Deputy or Clerk have executed as shown in "Remarks", th apany, corporation, etc., shown at the addr named above (See remarks below) Apperson o cretion then usual place Date of Service Signature of U.S.	OW THIS LINE Date Process described ess inserted below. If suitable age and disresiding in the defendant's of abode. Time am pm Marshal or Deputy process Marshal or Deputy proce

U.S. Department of Justice United States Marshals Service Document 63 Filed 08/25/20 Page 6 of 13 PageID: 667 See Instructions for "Service of Process by the U.S. Marshal on the reverse of this form.

PLAINTIFF EDIC 1	1	E 71 %	建分类型 医乳化二甲基二甲基二甲基二甲基二甲基二甲基二甲基二甲基二甲基二甲基二甲基二甲基二甲基二	· · · · · · · · · · · · · · · · · · ·	
ERIC F	TINES	U AT		COURT CASE NU	
EFENDANT		2020 JUL	29 <i>fill</i> 7:53	117-2864 TYPE OF PROCES	(NUH)-JS
GARY N	1. LANIGAN	ET N			A > .
ERVE NAME OF IN	DIVIDUAL, COMPANY, C	ORPORATION, E	TC., TO SERVE OR	DESCRIPTION OF PROPERTY	+ COMPIAINT
	· IIC NEA	K			. TO BEIZE OR CONDEMN
	Street or RFD, Apartment No.		IP Code) 215	SOUTH BURLI	NGTON ROAD
AT SOUTH W	GODS STATE P	PRICNAL	RAIN	LETON, N.J.	
ND NOTICE OF SERVICE COP	Y TO REQUESTER AT NAM	ME AND ADDRES	N BBLOW:	•	08302
FRIC IL	WE (#11 255	~		Number of process to be served with this Form - 285	ì
SOUTH	WOODS STATE	8/146993	3'D		
2.15 Cour	TH BURLINGT	2 PRISON	4	Number of parties to be served in this case	20
1 BDING	TH BURLINGT	ON KOA	D	served in this case	38
OP() GE	TOH, N.J.	08302		Check for service	
CIAL INSTRUCTIONS OF OT	THE DIFFERENCE OF THE PARTY OF			on U.S.A.	
CIAL INSTRUCTIONS OR OT phone Numbers, and Estimated T.	nek information THA imes Available For Service):	T WILL ASSIST I	N EXPEDITING SE	RVICE (<u>Include Business and A</u>	llternate Addresses, All
					Fold
norks fir	SOF ON C				
ature of Attorney or other Origina	tor requesting service on beh	nalf of:	D PLAINTIFF D DEFENDANT	TELEPHONE NUMBER	DATE
			LJ DEPENDANT	A// /\	7/22)-0
	HSF OF HS M	A DOMAT C		_ N/A	7/23)20
ACE BELOW FOR	USE OF U.S. MA		ONLY — DO		7/23)20
ACE BELOW FOR nowledge receipt for the total per of process indicated.	Total Process District of Origin		ONLY — DO	NOT WRITE BEL	7/23)20
ACE BELOW FOR nowledge receipt for the total er of process indicated. only first USM 285 if more	Total Process District of Origin	District to Serve	ONLY — DO		OW THIS LINE
ACE BELOW FOR nowledge receipt for the total er of process indicated. only first USM 285 if more one USM 285 is submitted) by certify and return that I	Total Process District of Origin No. OSD	District to Serve No.	ONLY — DO Signature of Authori	zed USMS Deputy or Clerk	7/23) 20 OW THIS LINE
ACE BELOW FOR nowledge receipt for the total er of process indicated. only first USM 285 if more one USM 285 is submitted) by certify and return that I	Total Process District of Origin No. OSD	District to Serve No.	ONLY — DO Signature of Authori	zed USMS Deputy or Clerk	OW THIS LINE Date S/W
ACE BELOW FOR nowledge receipt for the total per of process indicated, only first USM 285 if more one USM 285 is submitted) by certify and return that I	Total Process District of Origin No. OSD ive personally served, have in, etc., at the address shown:	District to Serve No. OSV e legal evidence of above or on the income	Signature of Authori Service, □ have exclividual, company, co	zed USMS Deputy or Clerk cuted as shown in "Remarks", to imporation, etc., shown at the add	OW THIS LINE Date S/W
ACE BELOW FOR nowledge receipt for the total per of process indicated. only first USM 285 if more one USM 285 is submitted) by certify and return that I individual, company, corporatio hereby certify and return that I am	Total Process District of Origin No. OSD No. on, etc., at the address shown an unable to locate the individual	District to Serve No. OSV e legal evidence of above or on the income	Signature of Authori Service, □ have exclividual, company, co	zed USMS Deputy or Clerk cuted as shown in "Remarks", to imporation, etc., shown at the add	7/23) 20 OW THIS LINE
ACE BELOW FOR nowledge receipt for the total er of process indicated. only first USM 285 if more one USM 285 is submitted) by certify and return that I individual, company, corporatio hereby certify and return that I am	Total Process District of Origin No. OSD No. on, etc., at the address shown an unable to locate the individual	District to Serve No. OSV e legal evidence of above or on the income	Signature of Authori Service, □ have exclividual, company, co	ecuted as shown in "Remarks", to apporation, etc., shown at the add above (See remarks below)	Date Date Process described ress inserted below.
ACE BELOW FOR nowledge receipt for the total per of process indicated. only first USM 285 if more one USM 285 is submitted) by certify and return that I are individual, company, corporationereby certify and return that I are and title of individual served (if	Total Process District of Origin No. OSD No. os Process No. at the address shown an unable to locate the individuant shown above)	District to Serve No. OSV e legal evidence of above or on the income	Signature of Authori Service, □ have exclividual, company, co	ecuted as shown in "Remarks", to apporation, etc., shown at the add above (See remarks below)	Date Date Date Since process described ress inserted below.
ACE BELOW FOR nowledge receipt for the total per of process indicated. only first USM 285 if more one USM 285 is submitted) by certify and return that I implies the individual, company, corporation hereby certify and return that I am and title of individual served (if	Total Process District of Origin No. OSD No. os Process No. at the address shown an unable to locate the individuant shown above)	District to Serve No. OSV e legal evidence of above or on the income	Signature of Authori Service, □ have exclividual, company, co	ecuted as shown in "Remarks", the proration, etc., shown at the add above (See remarks below) A person of cretion their	Date Date Date Since process described ress inserted below.
ACE BELOW FOR nowledge receipt for the total per of process indicated. It only first USM 285 if more one USM 285 is submitted) beby certify and return that I was a individual, company, corporatio thereby certify and return that I am a and title of individual served (if	Total Process District of Origin No. OSD No. os Process No. at the address shown an unable to locate the individuant shown above)	District to Serve No. OSV e legal evidence of above or on the income	Signature of Authori Service, □ have exclividual, company, co	ceuted as shown in "Remarks", the proportion, etc., shown at the add above (See remarks below) A person of cretion ther usual place Date of Service	Date Date Process described ress inserted below. Distribution of suitable age and distribution in the defendant's of abode.
ACE BELOW FOR nowledge receipt for the total per of process indicated, only first USM 285 if more one USM 285 is submitted) by certify and return that I ma e individual, company, corporatio hereby certify and return that I am e and title or individual served (if the case (complete only if different than exact complete only if different than exact complete only if different than exact complete only if different than	Total Process District of Origin No. OSD No. O	District to Serve No. OSV e legal evidence of above or on the incural, company, corp	Signature of Authori Service, have exclividual, company, co	above (See remarks below) A person of cretion ther usual place Date of Service Signature of U.S.	Date Date Date Date of suitable age and disarresiding in the defendant's of abode. Time Marshal or Deputy
ACE BELOW FOR mowledge receipt for the total per of process indicated. only first USM 285 if more one USM 285 is submitted) by certify and return that I Da e individual, company, corporatio hereby certify and return that I am and title of individual served (if the sess (complete only if different than	Total Process District of Origin No. OSD No. O	District to Serve No. OSV e legal evidence of above or on the incural, company, corp	Signature of Authori Service, have exclividual, company, co	A person of cretion the usual place Date of Service Signature of U.S. mount owed to U.S. Marshafor	Date Date Date Date Date Date Date Date
chowledge receipt for the total ber of process indicated. In only first USM 285 if more one USM 285 is submitted) eby certify and return that I was an individual, company, corporation hereby certify and return that I ame and titlefor individual served (if the set of the set	Total Process District of Origin No. OSD No. O	District to Serve No. OSV e legal evidence of above or on the incural, company, corp	Signature of Authori Service, have exclividual, company, co	above (See remarks below) A person of cretion ther usual place Date of Service Signature of U.S.	Date Date Date Date of suitable age and disarresiding in the defendant's of abode. Time Marshal or Deputy

U.S. Department of Justice United States Marshals Service Document 6 PROCESS RECEIPT AND RETURN See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

DI A DI MINISTRA		1 + day =/ [
ERIC +	INEC	CAN	UER. NJ	COURT CASE NUMB	
DEFENDANT	دریا ۱۱۱۹	7070 1111) () 	17-2864 (V (H) -JS
A 11	Λ ΙΛ.ΙΙΑ	n	29 ES 1:53	TYPE OF PROCESS	
SERVE NAME OF I	1. LANIG	PANY CORPORATION	AC. TO SERVE OR I	DESCRIPTION OF PROPERTY TO	COMPLAINT
SER (EANT	HORSE	SI, EIC., IO SERVE OR I	DESCRIPTION OF PROPERTY TO	SEIZE OR CONDEMN
		tment No., City, State		Cavil Dung 111	
	WOODS ST		210		
SEND NOTICE OF SERVICE CO.	PY TO REQUESTER	ATE PRIS	DRESS BELOW:	GETON, N.J. O	8302
	· ·			Number of process to be served with this Form - 285	1
South	HINESTU	063508/146	973D	200 Will this Form = 200	
2001G	WOODS ?	STATE PRI	ISON	Number of parties to be	76
		LINGTON		served in this case	38
DKIDG	ETON, N	J. 0830	2	Check for service	
SPECIAL INSTRUCTIONS OF O		" = = 		on U.S.A.	
SPECIAL INSTRUCTIONS OR O Telephone Numbers, and Estimated	i nek infORMATI Times Available For .	ON THAT WILL ASS Service):	SIST IN EXPEDITING SEI	RVICE (<u>Include Business and Alte</u>	rnate Addresses, All
Fold					Fold
V .					
WORKS SE	COND S	TI ET			
		71111			
Signature of Attorney or other Origin	nator requesting servi	ce on behalf of:	PLAINTIFF	TELEPHONE NUMBER	DATE
Frie du	_		☐ DEFENDANT	11/2	H/22/50
SPACE BELOW FOR	S LISE OF II	S MADSHA			1/20/00
SPACE BELOW FOI acknowledge receipt for the total					W THIS LINE
umber of process indicated.	of C	trict District Drigin to Serve	Signature of Authoriz	zed USMS Deputy or Clerk	Date
Sign only first USM 285 if more and one USM 285 is submitted)		650 No. CS	0	1/1/5//	- 8/11/2
				TIWU	
the individual, company, corporat	ave personally serve on, etc., at the addres	d, have legal evide	nce of service, have exe	cuted as shown in "Remarks", the proporation, etc., shown at the address	process described
7.1.	,	55 Showin above of Oil	the individual, company, co	rporation, etc., shown at the address	s inserted below.
I hereby certify and return that I a		e individual, company	y, corporation, etc., named a	bove (See remarks below)	
ame and little of individual served (f not shown above)			A person of s	uitable age and dis-
Mule	- 4A			cretion then re usual place of	Siding in the defendant's
ddress (complete only if different th	an shown above)			· · · · · · · · · · · · · · · · · · ·	Time am
** **				2 Kalons	' () am
				12/1/000	pm)
A CONTRACTOR				Signature of U.S. M	arshal or Deputy
				Signature of U.S. M	arshal or Deputy
Service Fee Total Mileage Cl	arges Forwarding	Fee Total Charges	Advance Deposits Ar	Signature of U.S. Marshal or	mont dr. D.
Service Fee Total Mileage Cl (including ended	arges Forwarding	Fee Total Charges	Advance Deposits Ar	by b.	Amount of Refund
(including ended	arges Forwarding	Fee Total Charges	Advance Deposits Ar	by b.	mont dr. D.

U.S. Department of Justice United States Marshals Service Document 63 Filed 08/25/20 Page 8 of 13 PageID: 669 PROCESS RECEIPT AND RET URN See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW [I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) [I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address insume and title of individual served (if not shown above) [I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)] [I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)] [I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)] [I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)]	
DEFENDANT CAPY M. LANL CAN ET AL., SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO S. SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO S. SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO S. SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO S. SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO S. SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO S. SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO S. Number of PROPERTY TO S. Number of Process to be served with this Form - 285 SOUTH WOODS STATE PELSON A lamber of Parties to be served with this Form - 285 SOUTH WOODS STATE PELSON A lamber of Parties to be served with this Form - 285 SECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Company) SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Company) SECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Company) SECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Company) SECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Company) SERVICE OF FROME THE ALL., TO SERVE OR DESCRIPTION OF PROPERTY TO SERVE OR THE ALL., TO SERVE WITH THE ALL TH	11/2
SERVE NAME OF INDIVIDUAL, COMPANY, CORFORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SI SERVE NAME OF INDIVIDUAL, COMPANY, CORFORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SI S. I. D. C. O F R D ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 215 SOUTH BURLING BOUTH WOODS STATE PLISON DISTINGT OF PROPERTY TO SE SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Number of process to be served with this Form - 285 SOUTH WOODS STATE PLISON Number of parties to be served with this Form - 285 SOUTH WOODS STATE PLISON Number of parties to be served in this case BRIDGETON N. J. O 830 2 Check for service on U.S.A. PRECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Includes Business	<u>(H)-JS</u>
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEND ADDRESS (Sincet or RFD, Apartment No., City, State and ZIP Code) AT SOUTH WOODS STATE PEISON BEILDGETON, N.J. OS SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Number of process to be served with this Form - 285 SOUTH WOODS STATE PEISON ALL SOUTH WOODS STATE PEISON BELIA DUETON, N.J. OS 30 Z Check for service on U.S.A. BELIA DUETON, N.J. OS 30 Z Check for service on U.S.A. SEPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative of Automicy or other Originator requesting service on behalf of: WORK S FIRST SHIFT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW acknowledge receipt for the total limber of process indicated, ign only first Visit 25s if more an one USM 285 is submitted) Total Process of Origin to Serve an one USM 285 is submitted) Total Process of Origin to Serve an one USM 285 is submitted) Total Process of Origin to Serve an one USM 285 is submitted) Total Process of Origin to Serve an one USM 285 is submitted) Total Process of Origin to Serve an one USM 285 is submitted) Total Process of Origin to Serve an one USM 285 is submitted) Total Process of Origin to Serve and one USM 285 is submitted) Total Process of Origin to Serve and one USM 285 is submitted) Total Process of Origin to Serve and one USM 285 is submitted) Total Process of Origin to Serve and one USM 285 is submitted) Total Process of Origin to Serve and one USM 285 is submitted) Total Process of Origin to Serve and Original Process of Origin and P	~ (
AT SOUTH LIDODS STATE PELSON BRIDGETON, N.J. OS SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Number of process to be served with this Form - 285 SOUTH WOODS STATE PELSON RELIC HINES # 663568/14693B SOUTH WOODS STATE PELSON ALL SOUTH WOODS STATE PELSON BURLING TON ROAD BRIDGETON, N.J. O830 Z Check for service On U.S.A. PECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative plephone Numbers, and Estimated Times Available For Service): WORKS FIRST SHIFT Brandward of Attorney or other Originator requesting service on behalf of: WORKS FIRST SHIFT Brandward of Attorney or other Originator requesting service on behalf of: WORKS FIRST SHIFT Brandward of Attorney or other Originator requesting service on behalf of: WORKS FIRST SHIFT Brandward of Attorney or other Originator requesting service on behalf of: WORKS FIRST SHIFT Brandward of Attorney or other Originator requesting service on behalf of: WORKS FIRST SHIFT Brandward of Attorney or other Originator requesting service on behalf of: WORKS FIRST SHIFT Brandward of Attorney or other Originator requesting service on behalf of: WORKS FIRST SHIFT Brandward of Attorney or other Originator requesting service on behalf of: WORKS FIRST SHIFT Brandward of Attorney or other Originator requesting service on behalf of: WORKS FIRST SHIFT Brandward of Attorney or other Originator requesting service on behalf of: WORKS FIRST SHIFT Brandward of Attorney or other Originator requesting service on behalf of: WORKS FIRST SHIFT Brandward of Attorney or other Originator requesting service on behalf of: WORKS FIRST SHIFT Brandward or STATE PELSON Number of process indicates to be served in this case Served with this form - 285 Number of process indicates to be served in this case Served in this case Check for service on the Individual or of the Plantward of the Plan	OMPLAINT
AT SOUTH WOODS STATE PRISON BRIDGETON, N.J. OR END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW. ERIC HINES	SIZE OR CONDEMN
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Red Notice of Service Copy to Requester at Name and Address Below: Number of process to be served with this Form - 285	TON DOOD
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Real C	
ERIC HINES # 663508/14693B SOUTH WOODS STATE PRISON 215 SOUTH WOODS STATE 215 SOUTH WOODS STAT	30 Z
BRIDGETON, N.T. 0830 2 Check for service on U.S.A. PECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternal dephone Numbers, and Estimated Times Available For Service): WORKS FIRST SHIFT PACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW chowledge receipt for the total more of process indicated. granuly first USM 285 if more in one USM 285 is submitted) Total Process No. 85	1
BRIDGETON, N.J. 0830 2 Check for service on U.S.A. ECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Phone Numbers, and Estimated Times Available For Service): WORKS FIRST SHIFT TELEPHONE NUMBER WARPING TO BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW Knowledge receipt for the total aber of process indicated. In only first USM 285 if more in one USM 285 is submitted) Total Process of Origin No. 85 No	l .
ECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate phone Numbers, and Estimated Times Available For Service): WORKS FLEST SHIFT mature of Attorney or other Originator requesting service on behalf of: PACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW knowledge receipt for the total aber of process indicated. month first USM 285 if more in one USM 285 is submitted) Total Process No. OSU No. OS	5 G
ectial instructions or other information that will assist in expediting service (Include Business and Alternation Numbers, and Estimated Times Available For Service): WORKS FRST SH	38
on U.S.A. In the process indicated. In the process in one USM 285 is submitted) Total Process in one USM 285 is submitted in one USM 285	
mature of Attorney or other Originator requesting service on behalf of: Chi	
mature of Attorney or other Originator requesting service on behalf of: Plaintiff	e Addresses, All
pace Below for USE of U.S. Marshal only — Do Not Write Below knowledge receipt for the total aber of process indicated. In one USM 285 if more in one USM 285 is submitted) Total Process District of Origin No. DSU	
pace Below for USE of U.S. Marshal only — Do Not Write Below knowledge receipt for the total aber of process indicated. In one USM 285 if more in one USM 285 is submitted) Total Process District of Origin No. DSU	Fold
PACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW knowledge receipt for the total aber of process indicated. In one USM 285 if more at one USM 285 is submitted) Total Process District of Origin to Serve No. District of Origin to Serve No. District of Origin and Process indicated. The individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address insufficient that I am unable to locate the individual, company, corporation, etc., named above (See remarks below) The earn title of Individual served (if not shown above) A person of suita cretion then residing usual place of above the second of the process of the proce	
PACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW cknowledge receipt for the total mber of process indicated. graph only first USM 285 if more in one USM 285 is submitted) Total Process District of Origin to Serve in one USM 285 is submitted) Proby certify and return that I I have personally served, have legal evidence of service, have executed as shown in "Remarks", the proceeding in the individual, company, corporation, etc., shown at the address insume and title of individual served (if not shown above) Thereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below) A person of suital cretion then residing usual place of about the shown above.	
PACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW knowledge receipt for the total ober of process indicated. Total Process District of Origin to Serve on one USM 285 if more of none USM 285 is submitted) Total Process District of Origin to Serve No. District No. District Origin to Serve No. District Origin to Serv	
PACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW sknowledge receipt for the total more of process indicated. In only first USM 285 if more in one USM 285 is submitted) Total Process District of Origin No. District to Serve No. District of Origin No. District No. Distr	DATE
knowledge receipt for the total aber of process indicated. In only first USM 285 if more in one USM 285 is submitted) Total Process District of Origin No. DSU NO. DS	7/23/20
knowledge receipt for the total there of process indicated. In only first USM 285 if more in one USM 285 is submitted) Total Process District of Origin No. DSU NO. D	THIS LINE
reby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the proche individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address institute of individual served (if not shown above) A person of suita cretion then residing usual place of about the state of the individual served (if not shown above)	Date
reby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the proche individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address institute of individual served (if not shown above) A person of suital certification of the individual served (if not shown above) A person of suital certification of the individual served (if not shown above) A person of suital certification of the individual served (if not shown above)	8/18/2
Thereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below) The and title of individual served (if not shown above) The analysis of the individual served (if not shown above) The analysis of the individual served (if not shown above) The analysis of the individual served (if not shown above) The analysis of the individual served (if not shown above) The analysis of the individual served (if not shown above) The analysis of the individual served (if not shown above) The analysis of the individual served (if not shown above) The analysis of the individual served (if not shown above)	8/18/2
Thereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below) The and title of individual served (if not shown above) The analysis of the individual served (if not shown above) The analysis of the individual served (if not shown above) The analysis of the individual served (if not shown above) The analysis of the individual served (if not shown above) The analysis of the individual served (if not shown above) The analysis of the individual served (if not shown above) The analysis of the individual served (if not shown above) The analysis of the individual served (if not shown above)	ess described
A person of suita cretion then residing usual place of about the state of the state	erted below.
A person of suita cretion then residing usual place of about the sessence of t	
dress (complete only if different than shown above)	L
ress (complete only if different than shown above)	ig in the defendant's
Public of Service 11m	
1K 11/1 12/15/15 1 1/2	
D/19/109D 1/2	2 (pm)
Signature of U.S. Marsi	
B.	al or Deputy
	al or Deputy Signature M. O
5.00 46.74	al or Deputy Mount of Refund
MARKS	of gr. 0

U.S. Department of Justice Document 63 RECEIPT AND RETURN · United Ŝtates Marshals Service See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form. PLAINTIFF COURT CASE NUMBER <u>7 - 2864 (NLH) - TS</u> type of process DEFENDANT UMMONS + COMPIAI COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR **SERVE** BURLINGTON WUTH WOODS STATE PRISON BRIDGETON, N.J. 08302 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW. Number of process to be ERIC HINES # 663508/146993B served with this Form - 285 SOUTH WOODS STATE PRISON 215 SOUTH BURYNGTON ROAD lumber of parties to be served in this case BRIDGETON, NJ 08302 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service): Fold WORK SECOND SHIFT Signature of Attorney or other Originator requesting service on behalf of: TELEPHONE NUMBER **□** PLAINTIFF ☐ DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LIN I acknowledge receipt for the total District District Signature of Authorized USMS Deputy or Clerk number of process indicated. of Origin to Serve (Sign only first USM 285 if more No. (30) than one USM 285 is submitted) I hereby certify and return that I 💆 have personally served, 🗌 have legal evidence of service, 🗌 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. ertify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below) of individual served (if not shown above) A person of suitable age and discretion then residing in the defendant's usual place of abode Address (complete only if different than shown above) am 5 Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Mershal or (including endeavors)

U.S. Department of Justice United States Marshals Service Document 63 PRICES RECEIP AND RETURN See Instructions for "Service of Process by the U.S. Marshal on the reverse of this form

PLAINTIFF				P & 4/3				
MALTARITY	ERIC HIN	4ES		wrat ii	2 to 5 % 1 1 1 1 3		COURT CASE NUMBI	
DEFENDANT	^		- 7	020 JUL 2	9 	}	17-2864 U	141)-JS
	GARY M	1. LAN	IGAN	ET AL)		TYPE OF PROCESS	N N1.
SERVE	NAME OF IN	DIVIDUAL,	COMPANY, C	ORPORATION	, ETC., TO SERV	E OR DE	SUMMONS + SCRIPTION OF PROPERTY TO	SEIZE OR CONDEND
> <	<u> </u>	7 4CK	SOM	PR	ひわとりエイ	OFF	ICED D-BUIL	
A ran	ADDRESS (S	treet or RFD,	Apartment No.	, City, State and	d ZIP Code) 2	5 5	OUTH BURLIN	CTON BOAN
AT	SOUTH	noods	STATI	E PRIS	$\cap \wedge \cap \rightarrow \circ$	2106	ETON, N.J. O	erok bolio Bana
END NOTICE	OF SERVICE COPY	TO REQUE	STER AT NAM	E AND ADDI	RESS BELOW:		Number of process to be	T
	- ERIC H	INES	# 6635	508/141	6993B	S	erved with this Form - 285	1
	SOUTH	MOOD	S STAT	TE PRI	SON	r _N	Number of parties to be	
	215 Soi	JTH B	burline	TON R	C405	Si	erved in this case	38
	_ BRIDGE	TON.	N.J. C	8302		<u>.</u> I	7L - 1 C	
				-		0	Check for service n U.S.A.	
ECIAL INST	RUCTIONS OR OTH ers, and Estimated Ti	IER INFORM	MATION THA	Γ WILL ASSIS	T IN EXPEDITIN	G SERVI	ICE (Include Business and Altern	agto Addyson - III
•			/-					
W O F	-(" +010	0.0	0 10	4,00	HR0	\mathcal{M}	TUES TO SA	r).
Em.					☐ PLAINTII ☐ DEFENDA	ANT	ELEPHONE NUMBER N/A	7/23/20
PACE B	ELOW FOR	USE OI	U.S. MA	ARSHAL	ONLY —	DO N	OT WRITE BELOV	V THIC L DVE
knowledge real	wipt to the total	Total Process	District	District	Signature of Au	thorized.	SMS Deputy or Clerk	
n only first U	SM 285 if more	8/16	of Origin	to Serve	1		1.11	Date
	5 is submitted)	99/	No. 080	No. 080	-6		11/11/25	9/1/2
eby certify ar ie individual,	d return that I have company, company	e personally	served, have	legal evidence	of service, 🗌 hav	e execute	ed as shown in "Remarks", the pro-	ocess described
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	- c · c · c · c · c · c · c · c · c · c	maividaai, compai	ıy, corpor	ation, etc., shown at the address i	nserted below.
and title of	y and return that I am	unable to loc	ate the individu	al, company, co	orporation, etc., nar	ned abov	e (See remarks below)	
and the or	individual served (if n	ot shown abo	ve)		· · · · · · · · · · · · · · · · · · ·		A person of sui	table age and dis-
1100	only if different than	165		·			usual place of ab	ding in the defendant's pode.
ous (comprete	оту у адјеген тап	snown above,	,				Date of Service Ti	me am
							18/19/har	1947 pm
ഗ							Signature of U.S. Mar	
	T-4-1347						1/4/ Bu	To Suc
ervice Fee	Total Mileage Charge (including endeavoir	ges Forwar	ding Fee Tota	al Charges A	dvance Deposits	Amour	nt owed to U.S. Marshal or	Amount of Refund
5.60	46.74					A /	1/1.74	
ARKS:	7		· · ·					

Case 1:17-cv-02864-NLH-MJS U.S. Department of Justice United States Marshals Service Document 63 PROCESS RECEIPT AND RET URN See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form

						o oj inio joi	***		
PLAINTIFF	ERIC F	Lucc					COURT CASE NUM	BER	
	-1~1 C F	111152					17-2864	1 1	- 79
DEFENDANT /	^ ~ ~	,					TYPE OF PROCESS	<u> </u>	US
(JARY M	- LANI	GAN	ET AL.)		6	+ (~~	DIMIT
SERVE	NAME OF I	NDIVIDUAL,	COMPANY,	CORPORATIO	N, ETC., TO SERVE O	OR DESCRIPT	TION OF PROPERTY	TO SEIZE OF	R CONDEMN
▶ <		ことけれる	<u></u>	· VAL	(- 				
AT	Committee	Sureet or RFD,	Apartment N	lo., City, State a	ind ZIP Code) 215	South	& BURLINGT	ON RO	CAC
AT	COOLLI (MOUD 3	SIMIE	- 4×1201	1 ROI	DEETO	J. H. J.	08302	_
END NOTICE (OF SERVICE CO				DRESS BELOW:		of process to be	1	
	ERIC H	INES#	6625	28/14/20	2R	served v	vith this Form - 285		1
•	2001H 1	りのひと	STATE	DEICH	I	<u> </u>			
	215 So	UTH R	35/ W/	TAND	0 N N	Number served in	of parties to be	1 2	8
ı	BRIDG	ピエンと	الماس	SION E) ()
			N. J.	0830	Z	Check for On U.S.	or service		
PECIAL INSTRI	UCTIONS OR O	THER INFORM	MATION TY	AT WILL A CO				`	
lephone Number	rs, and Estimated	Times Available	For Service	AL WILL ASS):	IST IN EXPEDITING	SERVICE (In	clude Business and Alt	ernate Addres	sses, All
-									Fold
					•			<u> </u>	
								N p	
								o e	und The same of th
	·							70%	/
mature of Attorn	ney or other Origin		service on b	ehalf of:	DPLAINTIFF	TELEPH	ONE NUMBER	DATE	
Ene	<u>deur</u>				☐ DEFENDAN		N/A	19/2	2/20
PACE BE	LOW FOI	HOE O		A DOTTA				10/6	3/20
knowledge	LOW FOI	TOSE O	r U.S. N	IAKSHA	L ONLY — D			DW THI	S LINE
knowledge rece aber of process i	ipt for the total indicated.	Total Process	District of Origin	District to Serve	Signature of Auth	orized USMS	Deputy or Clerk		Date
n only first USA	M 285 if more	129/1		No. 080				7	8/18/20
1 one USM 285		<u>' / '</u>	No. 080	No. 000		11111	<u> </u>		
reby certify and he individual co	return that I Wh	nave personally	served, 🗌 ha	ive legal eviden	ice of service, have	executed as sl	nown in "Remarks", the	process descr	ibed
	······································			use to or on th	ic individual, company,	, corporation,	etc., shown at the addre	ss inserted bel	ow.
f hereby certify	and return that I a	m unable to loc	ate the indiv	idual, company,	corporation, etc., name	ed above <i>(See</i>	remarks helow)		
ne and fille of in	idividual served (i	f not shown abo	vett			· · · · · · · · · · · · · · · · · · ·			
Xan.	سررر	-	Z /				cretion then i	suitable age esiding in the	and dis- defendant's
res Complete o	only if different the	an shown above	<u> </u>				usual place o	f abode.	
-· ,	3 33 33	2 13070	,				Date of Service	Time 1 F	am
							819 1ADO	177	pm
							Signature of U.S. 1	Marshal or De	
							14	B. Ma	My Sely L
Service Fee	Total Mileage Ch	arges Forwa	rding Fee	Total Charges	Advance Deposits	Amount over	d to U.S. Marshal or	~w/	
5:00	(including endea	vors)			_	ar .		Amount of	Kefund
	4761	7				P///:	17		
ARKS:						· · · · · · · · · · · · · · · · · · ·			

U.S. Department of Justice

Document 63

PROCESS RECEIPT AND RETURN

ONLY

ONL See Instructions for "Service of Process by the U.S. Marshal" United States Marshals Service on the reverse of this form. PLATATITE COURT CASE NUMBER LRIC DEFENDANT JWWONZ 4 (OW **SERVE** CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN D-BUILDING SECOND SHIFT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) WOODS STATE BRIDGETON INJ. 08302 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Number of process to be ERIC HINES #663508/146993B served with this Form - 285 SOUTH WOODS STATE PRISON Number of parties to be 215 SOUTH BURLINGTON ROAD served in this case BRIDGETON, N.J. 08302 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service): Fold WORKS SECOND SHIFT Signature of Attorney or other Originator requesting service on behalf of: TELEPHONE NUMBER PLAINTIFF ☐ DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW I acknowledge receipt for the total Total Process District District Signature of Authorized USMS Deputy or Clerk number of process indicated. of Origin to Serve (Sign only first USM 285 if more No. **D50** No. OST than one USM 285 is submitted) I hereby certify and return that I 🛣 have personally served, 🗌 have legal evidence of service, executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below) A person of suitable age and dis-cretion then residing in the defendant's usual place of abode. lete only if different than shown above) Amount owed to U.S. Marsher or Service Fee Total Mileage Charges Forwarding Fee Advance Deposits Total Charges (Including endeavors) 11174

U.S. Department of Justice United States Marshals Service Document 63 Filed 28/25/20 Page 13 of 13 Page D: 674 See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

DI AINTHEE							
ERIC HI	NES					COURT CASE NUME	
DEFENDANT	· · · · · · · · · · · · · · · · · · ·					17 - 286 - TYPE OF PROCESS	(NCH)-IS
SERVE NAME OF IT	1. LAN'	<u>IGAN</u>	ET A	L1,		Curana aric	+ COMPLAINT
SCO	AAM	1 W	ORPORATIO	ON, ETC., TO SERVE	OR DESCRIPT	TION OF PROPERTY TO	O SEIZE OR CONDEMN
	Street or RFD,		o., City, State o	and ZIP Code)	E Care	Ed Diaplica	Toll Doop
AT South				NON			STON ROAD NJ 08302
SEND NOTICE OF SERVICE CO						of process to be	1 04302
ERIC South	HINES.	#663	508/14	16993B		vith this Form - 285	
South	MOODS	STAT	E PRI	SON		of parties to be	2.0
				N ROAD	served ii	1 this case	38
PKID	JETON	., N	7 - 08	302	Check for on U.S.A	or service	
SPECIAL INSTRUCTIONS OR O' Telephone Numbers, and Estimated	THER INFORM	ATION THA	T WILL ASS	IST IN EXPEDITING	.		regate Address at 12
Telephone Numbers, and Estimated Fold (DEFENDANT							
THE COMPI	MCON	cesi i	7 00.	81011111	, 11.5	SCO TIME	VIIO I M Fold
INE OWA	C.IMIA						8
							E 0%
							- 2 南
Signature of Attorney or other Origin	ator requesting	service on be	half of:	M PLAINTIF	TELEPH	ONE NUMBER	DATE
Eruc Huns	<u>s</u>			☐ DEFENDA		1/A	7/23/20
SPACE BELOW FOI	R USE OF	U.S. M	ARSHA	L ONLY — I	O NOT	WRITE RELO	
acknowledge receipt for the total	Total Process	District	District			Deputy or Clerk	Date
number of process indicated. (Sign only first USM 285 if more	13/16	of Origin	to Serve	America	-///	11/	Vieles
han one USM 285 is submitted)		No. 080	No. OST				1/11/
hereby certify and return that I A hon the individual, company, corporation	ave personally s on, etc., at the a	erved, \square hadderess shown	ve legal evider above or on t	nce of service, have	e executed as sl	nown in "Remarks", the	process described
I hereby certify and return that I a							s inserted below.
Name and tipe of individual served (i			iuai, company	, corporation, etc., nan	ned above (See		
Assis	DA					cretion then re	suitable age and dis- esiding in the defendant's
ddress (complete only if different the	n shown above)					9 usual place of Date of Service	Time 6m
v.						O a soa	m 41
i de la companya de l						Signature of U.S. M	(probal or Down
						Digitative of U.S. N	Sussey W.DS
Service Fee Total Mileage Ch	arges Forwar	ding Fee T	otal Charges	Advance Deposits	Amount owe	ed to U.S. Marshal or	Amount of Refund
65.00 146.74					\$ 111	74	

REMARKS: